

406

## CERTIFICATE OF DEATH

Reg. Dist. No. 64.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Caroline</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Caroline</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<b>X</b> <b>TOWN</b> <b>Federalsburg - Rural</b>		<b>6 years</b>		<b>Federalsburg - Rural</b> <b>X</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>00 Hurlock Road</b>				STREET ADDRESS (If rural give location) <b>Hurlock Road</b>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<b>Mattie Madeline Callender</b>				<b>January 16 1956</b>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<b>Female</b>	<b>White</b>	<b>Widowed</b>	<b>March 29, 1870</b>	<b>85</b> yrs.	Months	Days	Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<b>Housework</b>		<b>Home</b>		<b>Cambra, Pennsylvania</b>		<b>U.S.A.</b>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<b>Henry Wolfe</b>				<b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		15. SOCIAL SECURITY No.		17. INFORMANT & ADDRESS:			
<b>No</b> (If Yes, give war or dates of service)		<b>None</b>		<b>Mrs. George R. Huff, Federalsburg, Md.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <b>422.2 Chronic Myocarditis</b>						<b>5 yrs</b>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>260x Mild Diabetes Mellitus Moderate Hypertension</b>						<b>15 yrs</b> <b>15 yrs</b>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 12, 1955</b> to <b>1/16, 1956</b> , that I last saw the deceased alive on <b>1/16, 1956</b> , and that death occurred at <b>5:30 PM</b> , from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
<b>Frank M. Anderson</b>		<b>Federalsburg, Maryland</b>		<b>1/17/56</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<b>Removal</b>		<b>Jan. 19, 1956</b>		<b>Pine Grove Cemetery</b>		<b>Huntington Mills, Pa.</b>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
		<b>Margaret H. Frampton</b>		<b>J.J. Frampton and Son, Federalsburg, Md.</b>			

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 19 1956

RECEIVED

407  
CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Federalburg - Rural</u>			
X TOWN <u>Federalburg - Rural</u>		3 years		STREET ADDRESS (If rural give location) <u>Houston Branch Road</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Houston Branch Road</u>							
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>Mary Ivy Currey</u>				<u>January 26 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>March 19, 1894</u>	<u>61</u> yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Archester County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Henry C. Spore</u>				14. MOTHER'S MAIDEN NAME: <u>Matilda Figgs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY NO. (If Yes, give war or dates of service): <u>270-12-0156</u>		17. INFORMANT & ADDRESS: <u>Oscar C. Currey, Federalburg, Md. R.F.D.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
260X IMMEDIATE CAUSE (A) <u>Heart Failure (Adams - Stokes)</u>						<u>2-3 min.</u>	
ANTECEDENT CAUSE (S) (B) <u>Arteriosclerotic Cardiovascular Dis</u>						<u>10 yrs.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Diabetes</u>						<u>14 yrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Pyelonephritis</u>						<u>2-3 yrs.</u>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-10</u> , 19 <u>55</u> to <u>1-14</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1-14</u> , 19 <u>56</u> , and that death occurred at <u>7:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>R.C. Kingsbury</u>		M. D. <u>Federalburg</u>		ADDRESS <u>1-28-56</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 29, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Three Crest Cemetery</u>		LOCATION (City, town, or county) (State) <u>Federalburg, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>January 28, 1956</u>		REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>		24. FUNERAL DIRECTOR <u>J.J. Frampton</u>		ADDRESS <u>2nd Son, Federalburg, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. A.

FEB 1 1956

RECEIVED

408

## CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>New York</u>	COUNTY <u>Unknown</u>
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Goldshoro</u>	LENGTH OF STAY (in this place) <u>3 Yrs.</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>New York</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural give location) <u>Unknown</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) <u>William</u>	(Middle) <u>H.</u>	(Last) <u>Francis</u>	<u>1</u> <u>29</u> <u>1956</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE. MARRIED. WIDOWED. DIVORCED. <u>Married</u>	8. DATE OF BIRTH: <u>6/2/1888</u>
9. AGE last birthday <u>67</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Steamfitter</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	
11. BIRTHPLACE (State or foreign country): <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>James Francis</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Martha Lily</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>103-03-2757</u>	
17. INFORMANT & ADDRESS: <u>Bessie Francis Goldsboro, Md.</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		<u>5 hrs.</u>	
IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>			
ANTECEDENT CAUSE (S) (B) <u>Arteriosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C) <u>none</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/24/56</u> , to <u>12/24/56</u> , that I last saw the deceased alive on <u>1/24/56</u> , and that death occurred at <u>11:00</u> M, from the causes and on the date stated above.			
SIGNATURE <u>J. E. Boulois</u>		DATE SIGNED <u>1/24/56</u>	
M. D. <u>md</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/1/56</u>	
NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>		LOCATION (City, town, or county) (State) <u>Md. Greensboro, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/31/56</u>		REGISTRAR'S SIGNATURE <u>J. E. Boulois</u>	
24. FUNERAL DIRECTOR		ADDRESS <u>J. E. Boulois Greensboro, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 3 1956

RECEIVED

1

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00403

49  
CERTIFICATE OF DEATH

Reg. Dist. No. 67

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Hillsboro</u>		<u>6 Mos.</u>		TOWN <u>Cordova</u>		<u>208-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>John</u> (Middle) <u>Westley</u> (Last) <u>Kellum</u>				(Month) <u>1</u> (Day) <u>3</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>Col.</u>	<u>Widowed</u>	<u>6/27/1860</u>	<u>95</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Laborer</u>		<u>Farm (tenant)</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Unknown</u>				<u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>NONE</u>		<u>Mrs. Grace Kellum, Easton, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A)				<u>Cerebral hemorrhage</u>			
ANTECEDENT CAUSE(S) DUE TO (B)				<u>Cerebral arteriosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)				<u>Chronic emphysema of the lungs</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH			
				<u>2 days</u>			
				<u>several years</u>			
				<u>several years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M., from the causes and on the date stated above.							
SIGNATURE <u>Kear L. Leary</u>				ADDRESS (Street, city, town, state) <u>Chesapeake Md</u> DATE SIGNED <u>1/6/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1/6/55</u>		<u>Trappe Cemetery</u>		<u>Easton, Md.</u>	
24. RECD BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>JAN 10 1956</u>		<u>Mrs. L. O. George</u>		<u>James B. Dashiell, Easton, Md.</u>			

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



# CERTIFICATE OF DEATH

Form 100-10

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF CHURCH OFFICIAL

17. SIGNATURE OF FUNERAL HOME

18. SIGNATURE OF CEMETERY

19. SIGNATURE OF INTERVIEWER

20. SIGNATURE OF CLERK

21. SIGNATURE OF ASSISTANT CLERK

22. SIGNATURE OF RECEPTIONIST

23. SIGNATURE OF TELEPHONE OPERATOR

24. SIGNATURE OF MAIL ROOM

25. SIGNATURE OF RECORDS SECTION

26. SIGNATURE OF STATISTICS SECTION

27. SIGNATURE OF LABORATORY

28. SIGNATURE OF RADIOLOGY

29. SIGNATURE OF PATHOLOGY

30. SIGNATURE OF BACTERIOLOGY

31. SIGNATURE OF VIROLOGY

32. SIGNATURE OF IMMUNOLOGY

33. SIGNATURE OF EPIDEMIOLOGY

34. SIGNATURE OF PUBLIC HEALTH

35. SIGNATURE OF COMMUNITY HEALTH

36. SIGNATURE OF SCHOOL HEALTH

37. SIGNATURE OF OCCUPATIONAL HEALTH

38. SIGNATURE OF ENVIRONMENTAL HEALTH

39. SIGNATURE OF NUTRITION

40. SIGNATURE OF PHYSICAL EDUCATION

41. SIGNATURE OF RECREATION

42. SIGNATURE OF ARTS AND CRAFTS

43. SIGNATURE OF MUSIC

44. SIGNATURE OF THEATRE

45. SIGNATURE OF FILM

46. SIGNATURE OF TELEVISION

47. SIGNATURE OF RADIO

48. SIGNATURE OF PRESS

49. SIGNATURE OF LITERATURE

50. SIGNATURE OF ARTS AND CRAFTS

51. SIGNATURE OF MUSIC

52. SIGNATURE OF THEATRE

53. SIGNATURE OF FILM

54. SIGNATURE OF TELEVISION

55. SIGNATURE OF RADIO

56. SIGNATURE OF PRESS

57. SIGNATURE OF LITERATURE

BUREAU V. S.

JAN 10 1958

RECEIVED

NOTIFICATION

1. Name of deceased  
2. Sex  
3. Age  
4. Date of birth  
5. Place of birth  
6. Occupation  
7. Cause of death  
8. Place of death  
9. Time of death  
10. Signature of physician  
11. Signature of registrar  
12. Signature of witnesses  
13. Signature of deceased  
14. Signature of next of kin  
15. Signature of burial official  
16. Signature of church official  
17. Signature of funeral home  
18. Signature of cemetery  
19. Signature of interviewer  
20. Signature of clerk  
21. Signature of assistant clerk  
22. Signature of receptionist  
23. Signature of telephone operator  
24. Signature of mail room  
25. Signature of records section  
26. Signature of statistics section  
27. Signature of laboratory  
28. Signature of radiology  
29. Signature of pathology  
30. Signature of bacteriology  
31. Signature of virology  
32. Signature of immunology  
33. Signature of epidemiology  
34. Signature of public health  
35. Signature of community health  
36. Signature of school health  
37. Signature of occupational health  
38. Signature of environmental health  
39. Signature of nutrition  
40. Signature of physical education  
41. Signature of recreation  
42. Signature of arts and crafts  
43. Signature of music  
44. Signature of theatre  
45. Signature of film  
46. Signature of television  
47. Signature of radio  
48. Signature of press  
49. Signature of literature  
50. Signature of arts and crafts  
51. Signature of music  
52. Signature of theatre  
53. Signature of film  
54. Signature of television  
55. Signature of radio  
56. Signature of press  
57. Signature of literature



410

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Hedgesville</u>		LENGTH OF STAY (in this place) <u>5 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hedgesville</u>		TOWN <u>Hedgesville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) <u>EMMETT</u> (Middle) <u>EDWARD</u> (Last) <u>MESSINGER</u>				4. DATE OF DEATH: (Month) <u>JAN</u> (Day) <u>26</u> (Year) <u>1956</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>married</u>	8. DATE OF BIRTH: <u>May 26, 1876</u>	9. AGE last birthday: <u>79</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>auto</u>		11. BIRTHPLACE (State or foreign country): <u>New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME: <u>William Messinger</u>			
14. MOTHER'S MAIDEN NAME: <u>Mary Jane Tefft</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY No.: <u>no</u>				17. INFORMANT & ADDRESS: <u>Mrs. Emmett Messinger</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <u>Arteriosclerotic Heart Disease</u>							
Antecedent causes (s) (b) <u>Hypertension</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>Heart</u>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
m.							
22. I hereby certify that I attended the deceased from <u>April 15, 1956</u> to <u>Jan 4, 1956</u> ; that I last saw the deceased alive on <u>Jan 4, 1956</u> ; and that death occurred at <u>Hedgesville, Md.</u> from the causes and on the date stated above.							
SIGNATURE <u>Charles H. Hines</u>				DATE SIGNED <u>1.28.56</u>			
(Degree or title)				ADDRESS <u>Hedgesville, Md.</u>			
13. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (city, town, or county) (State)	
<u>Burial</u>		<u>Jan. 29, 1956</u>		<u>Denton</u>		<u>Denton, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>1-28-56</u>		<u>Mary E. Laird</u>		<u>J. Virgo Harrison</u>		<u>Denton, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 2 1956

RECEIVED

411

00405

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Md</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Rural Denton</u>	LENGTH OF STAY (in this place) <u>3 mos.</u>	CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Rural Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Michael Morris</u>		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last) <u>Michael Wayne Morris</u>		Month Day Year <u>Jan 14 1956</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>Oct 12 1955</u>
9. AGE last birthday: <u>3 mos.</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Infant</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY:		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>John Morris</u>		14. MOTHER'S MAIDEN NAME: <u>Loiselle Foster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>---</u>	
17. INFORMANT & ADDRESS: <u>Mr John Morris, Denton Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a) <u>Pulmonary Edema</u>	DUE TO	2 hrs
Antecedent cause(s) (b) <u>Pulmonary Infection</u>	DUE TO	4 hrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>Lawson D. George</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>1/14/56</u>
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>
		ASSISTANT MEDICAL EXAM. <u>---</u>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF: <u>1-15-56</u>	NAME OF CEMETERY OR CREMATORY: <u>St. Paul Churchyard</u>
LOCATION (City, town, or county) (State): <u>Denton Md</u>		
DATE REC'D BY LOCAL REG. <u>1/14/56</u>	REGISTRAR'S SIGNATURE: <u>Mr S D George</u>	24. FUNERAL DIRECTOR: <u>Wesley</u>
		ADDRESS: <u>San Denton Md</u>

2080213405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 19 1956

RECEIVED

412

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
X TOWN <u>Denton - Rural</u>		Life		Denton - Rural			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Tuckahoe Neck</u>				STREET ADDRESS (If rural give location) <u>Tuckahoe Neck</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>James Washington Murray</u>				<u>January 3 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
Male	Colored	Married	February 2, 1884	71			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Farm Laborer</u>		<u>Farming</u>		<u>Denton, Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>John D. Murray</u>				<u>Mary C. Goldsborough</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
No		<u>218-10-4203</u>		<u>Evelyn C. Murray, Denton, Md., R.F.D.</u>			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>331X cerebral Lemonhoze</u>						6 mo.	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
0							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 4, 1957</u> , to <u>Jan. 3, 1956</u> , that I last saw the deceased alive on <u>Jan 2, 1956</u> , and that death occurred at <u>11:30AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>E. Paul Kuntz</u>		M. D. <u>Denton Md</u>		DATE SIGNED <u>Jan. 4 - 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan. 8, 1956</u>		<u>Bell's Chapel Cemetery</u>		<u>Near Denton, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>1/7/56</u>		<u>Mr. O. George</u>		<u>J.J. Frampton and Son, Federalsburg, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 10 1886

RECEIVED

413

## CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Rural Ridgely</u>		<u>4 Months</u>		OR TOWN <u>Rural Federalsburg</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>				STREET ADDRESS (If rural give location) <u>None</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
(Type or Print) <u>Charles P. Prattis</u>				OF DEATH: <u>1</u> <u>7</u> <u>56</u> <u>19</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>Col.</u>	<u>Widowed</u>	<u>8/25/1862</u>	<u>93</u> yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Retired Farmer</u>				<u>None</u>		<u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME:			
<u>U.S.A.</u>				<u>Isaac Prattis</u>			
14. MOTHER'S MAIDEN NAME:				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			
<u>No Record</u>				<u>No</u>			
16. SOCIAL SECURITY NO.				17. INFORMANT & ADDRESS:			
<u>None</u>				<u>Denton, Md.</u>			
18. MEDICAL CERTIFICATION				19. INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE (A) DUE TO <u>Cerebral Hemorrhage</u>							
ANTECEDENT CAUSE (B) DUE TO <u>Cerebral &amp; General Arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 17, 1955</u> to <u>Jan. 7, 1956</u> that I last saw the deceased alive on <u>Jan. 6, 1956</u> , and that death occurred at <u>5 P.</u> M, from the causes and on the date stated above. <u>1/9/56</u>							
SIGNATURE <u>Edgar H. Freeman</u>		M. D. <u>Freeman, Caroline</u>		ADDRESS		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1/10/56</u>		<u>Denton</u>		<u>Denton, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>1-10-56</u>		<u>Mary G. Laird</u>		<u>J. E. Boulois</u>		<u>Greenboro, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BUREAU V. S.

JAN 13 1952

RECEIVED

414

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

COUNTY Caroline MARYLAND  
 CITY (If outside corporate limits, write RURAL and give nearest town) Hillsboro LENGTH OF STAY (in this place) 20 years  
 OR TOWN Hillsboro  
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY Caroline  
 CITY (If outside corporate limits, write RURAL and give nearest town) Hillsboro  
 OR TOWN Hillsboro  
 STREET ADDRESS (If rural give location)

## 3. NAME OF DECEASED:

(First) Lizzie (Middle) — (Last) Pritchett  
 (Type or Print)  
 5. SEX: F 6. COLOR OR RACE: Cal. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow 8. DATE OF BIRTH: Aug. 8<sup>th</sup> 1883 9. AGE last birthday: 72 yrs. — Months — Days — Hours — Min.

## 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.

at home 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

## 13. FATHER'S NAME:

Frank Matthews 14. MOTHER'S MAIDEN NAME: Molly Williams

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Emory Pritchett - Hillsboro Md -

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0  
 Immediate cause (a) arterio sclerosis  
 DUE TO

Antecedent causes (s) (b) —  
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c) —

Interval Between Onset And Death  
4 years.

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

0 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jul. 9, 1924, to Jan 15, 1956, that I last saw the deceased alive on Jan. 4, 1956, and that death occurred at 9 pm. from the causes and on the date stated above.  
 SIGNATURE Paul Kirtz (Degree or title) MD ADDRESS Benton Md DATE SIGNED 1-17-56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 18 NAME OF CEMETERY OR CREMATORY Seatonville LOCATION (City, town, or county) (State) Hillsboro Md  
 DATE REC'D BY LOCAL REGISTRAR 1/18/56 REGISTRAR'S SIGNATURE MD George J. Virgil FUNERAL DIRECTOR Wm. & Paul Denton ADDRESS —

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JAN 20 1956

BUREAU V. S.

415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

00409  
Reg. Dist.

No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Del.</u>	COUNTY <u>F</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>X</u> TOWN <u>Rural Denton</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Lewes Del - 468-3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>Sally</u> (Middle) <u>Edith</u> (Last) <u>Scott</u>		(Month) <u>Jan</u> (Day) <u>29</u> (Year) <u>1956</u>	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>M</u>	8. DATE OF BIRTH: <u>Mar 30 1915</u>
9. AGE last birthday: <u>40</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Hom.</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>at home</u>	
11. BIRTHPLACE (State or foreign country): <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Wm Beauchamp</u>		14. MOTHER'S MAIDEN NAME: <u>Bessie Powell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>—</u>	
17. INFORMANT & ADDRESS: <u>Robert Scott</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a) <u>Fractured Cervical Vertebra</u>		<u>Immediate</u>
Antecedent cause(s) (b) <u>Internal Injuries</u>		<u>Immediate</u>
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: <u>—</u>		
19a. DATE OF OPERATION: <u>1-31-56</u>		19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Highway</u>	21c. (City or town) (County) (State) <u>Rural Denton Caroline Ind</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1-29-56 9:25 A.M.</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident - Car turned over</u>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>Wm D. George</u> <u>Lewes</u>		
CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>1/29/56</u>		
DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		
ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>	DATE THEREOF <u>1-31-56</u>	NAME OF CEMETERY OR CREMATORY <u>Presbyterian</u>
DATE REC'D BY LOCAL REG. <u>1/29/56</u>	REGISTRAR'S SIGNATURE <u>Wm D. George</u>	LOCATION (City, town, or county) (State) <u>Lewes Sussex Del</u>
21. FUNERAL DIRECTOR <u>Melton Funeral - Home Lewes Del</u>		ADDRESS

BUREAU V. 2

FEB 6 1956

RECEIVED

416

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN <u>Federalsburg</u>		<u>10 years</u>		TOWN <u>Federalsburg</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Academy Avenue</u>				STREET ADDRESS (If rural give location) <u>Academy Avenue</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>Martin</u> <u>Wheatley Jr.</u>				<u>January 11 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>September 3, 1880</u>	<u>75</u> yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Day Laborer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Timber Cutter</u>		11. BIRTHPLACE (State or foreign country): <u>Dorchester County, Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME: <u>Martin Wheatley</u>				14. MOTHER'S MAIDEN NAME: <u>Rittie Short</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>213-22-7869</u>		17. INFORMANT & ADDRESS: <u>Mrs. Louise Travers, Federalsburg, Md.</u>	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>420.1 Coronary Thrombosis</u>							<u>5 MIN</u>
ANTECEDENT CAUSE (S) (B) <u>Arteriosclerosis</u>							<u>?</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-11, 1956</u> , to <u>1-11, 1956</u> that I last saw the deceased alive on <u>1-11, 1956</u> and that death occurred at <u>3:15 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>W. E. Gannon</u>		M. D. <u>Federalsburg, Md.</u>		DATE SIGNED <u>January 13, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 14, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>East New Market Cemetery</u>		LOCATION (City, town, or county) (State) <u>East New Market, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Jan. 13, 1956</u>		REGISTRAR'S SIGNATURE <u>Margaret N. Frampton</u>		24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 16 1955

RECEIVED



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## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00411

## CERTIFICATE OF DEATH

Items 6,7, Filmgl91 1-24-56 et

Reg. Dist. No. 62

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Baltimore</u>		STATE <u>MARYLAND</u>		STATE <u>Penn</u> COUNTY			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Stillsboro.</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Media</u>		75x-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Clifford</u> (Middle) <u>Widdoes</u> (Last)				(Month) <u>Jan</u> (Day) <u>10</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 8<sup>th</sup> 1871</u>	9. AGE last birthday <u>74</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Penn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William H. Widdoes</u>				14. MOTHER'S MAIDEN NAME <u>Mattie Gilmore</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Nelson Rigby, Media</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Adj. 1. Penna. Thous</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Arterio sclerosis</u>				<u>thromb. several years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> White at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 10</u> , 19 <u>56</u> , to <u>Jan 10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>56</u> , and that death occurred at <u>4p</u> M, from the causes and on the date stated above.							
SIGNATURE <u>E. Paul Kusts</u>		ADDRESS (Street, city, town, state) <u>Media Md</u>		DATE SIGNED <u>Jan 10 - 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 14<sup>th</sup> 56</u>		NAME OF CEMETERY OR CREMATORY <u>Glenwood Cemetery</u>		LOCATION (City, town, or county) (State) <u>Media Penna.</u>	
24. REC'D BY REGISTRAR <u>1/10/56</u>		REGISTRAR'S SIGNATURE <u>Wm D O George</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Virgil Moore</u>		ADDRESS <u>Law's Denton</u>	

RECEIVED

JAN 12 1956

BUREAU V. S.

# CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH-BALTIMORE 18

1951

418

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN <u>Federalburg - Rural</u>	<u>Life</u>	TOWN <u>Federalburg - Rural</u> X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Oak Grove</u>		STREET ADDRESS (If rural give location) <u>Near Oak Grove</u>	

3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>Ernie</u>	(Middle) <u>Willis</u>	(Last) <u>Willin</u>	OF DEATH: <u>January 1 1956</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>October 16, 1870</u>
9. AGE last birthday <u>85</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
11. BIRTHPLACE (State or foreign country): <u>Sussex County, Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Joshua Baker Bryan</u>		14. MOTHER'S MAIDEN NAME: <u>Elizabeth Messick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Mrs. James M. Harper, Seaford, Del., RFD</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <u>Brunchopneumonia</u>		<u>10 days</u>
ANTECEDENT CAUSE (S) (B) <u>Chronic myocarditis</u>		<u>10 yrs</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1955, to 1/1, 1956, that I last saw the deceased alive on 1/1, 1956, and that death occurred at 12:15 A.M. from the causes and on the date stated above.

SIGNATURE Jim Anderson ADDRESS Federalburg, Md. DATE SIGNED Jan. 3, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Jan. 4, 1956</u>	NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	LOCATION (City, town, or county) (State) <u>Near Federalburg, Maryland</u>
DATE REC'D BY LOCAL REGISTRAR <u>Jan. 4, 1956</u>	REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>	24. FUNERAL DIRECTOR ADDRESS <u>J.J. Frampton and Son, Federalburg, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 9 1881

RECEIVED

419

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Caroline</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Caroline</i>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Denton</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Denton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print) <i>FRANCES (First) MARGARET (Middle) WOOD (Last)</i>		4. DATE OF DEATH: <i>JAN 18 19 56</i>	
5. SEX: <i>F</i>	5. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Married</i>	8. DATE OF BIRTH: <i>Mar 8, 1885</i>
9. AGE last birthday: <i>70</i> yrs.		10. UNDER 1 YEAR: <i>18</i> Months <i>18</i> Days <i>19</i> Hours <i>56</i> Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Home</i>	
11. BIRTHPLACE (State or foreign country): <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY: <i>USA</i>	
13. FATHER'S NAME: <i>Peter Bach</i>		14. MOTHER'S MAIDEN NAME: <i>unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <i>---</i>	
17. INFORMANT & ADDRESS: <i>Cur. Chas. Wood Sr, Denton Md.</i>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>331X</i>		(a) <i>Cerebral Hemorrhage</i>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		(b) <i>Hypertension</i>	
		(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 24</i> , 19 <i>56</i> , to <i>Jan 18</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>Jan 18</i> , 19 <i>56</i> , and that death occurred at <i>9:20 pm</i> , from the causes and on the date stated above. SIGNATURE <i>E Paul Knott M.D.</i> ADDRESS <i>Denton Md</i> DATE SIGNED <i>Jan 20, 1956</i>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	
<i>Burial</i>		<i>Jan 21, 1956</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>St. Joseph</i>		<i>Cordova Maryland</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
<i>1/20/56</i>		<i>M.D. O George</i>	
24. FUNERAL DIRECTOR		ADDRESS	
<i>J. Virgil Moore &amp; Son, Denton, Md.</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 24 1956

RECEIVED

## CERTIFICATE OF DEATH

Reg. Dist. No. 64.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Federalsburg - Rural</u>		<u>2 days</u>		OR TOWN <u>Federalsburg - Rural</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Denton Road</u>				STREET ADDRESS (If rural give location) <u>Denton Road</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>William Edward Woods</u>				OF DEATH: <u>January 10</u> 19 <u>56</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
<u>Male</u>	<u>Colored</u>	<u>Single</u>	<u>January 8, 1956</u>		<u>2</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Infant</u>			10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Easton, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME: <u>William Richards</u>				14. MOTHER'S MAIDEN NAME: <u>Annie Woods</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)			16. SOCIAL SECURITY No. <u>None</u>		17. INFORMANT & ADDRESS: <u>Annie Woods. Federalsburg, Md., R.F.D.</u>		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) DUE TO <u>Aspiration Pneumonia</u>						<u>4 hrs.</u>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C) <u>Prematurity (36 wks)</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
<u>0</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/10</u> , 19 <u>56</u> to <u>1/10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/10</u> , 19 <u>56</u> , and that death occurred at <u>9:15 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Frank M. Anderson</u>		M. D. <u>Federalsburg, Md.</u>		DATE SIGNED <u>Jan. 13, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 14, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Federal Hill Cemetery</u>		LOCATION (City, town, or county) (State) <u>Federalsburg, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Jan. 13, 1956</u>		REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>		24. FUNERAL DIRECTOR <u>J.J. Frampton and Son, Federalsburg, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BUREAU V. S.

JAN 16 1956

RECEIVED